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TRANSMITTAL FORM		Application Number	10/734,495
		Filing Date	December 12, 2003
		First Named Inventor	John H. Crume
		Art Unit	3683
		Examiner Name	Mariano Ong Sy
Total Number of Pages in This Submission	14	Attorney Docket Number	205017-9012

ENCLOSURES *(check all that apply)*

- ☒ Amendment/Reply
  - ☒ Before Final – 12 pages
  - ☐ After Final
    - ☐ Affidavits/Declarations
- ☐ Information Disclosure Statement
  - ☐ PTO-1449 Form(s)
  - ☐ Cited References
- ☐ Certified Copy of Priority Document
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Terminal Disclaimer
- ☐ Status Letter
- ☐ Other:

PETITION FOR EXTENSION OF TIME

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

- ☐ Applicant(s) claims small entity status under 37 CFR 1.27.
- ☐ Applicant(s) petitions for a three-month extension of time and pay the fee of $1020.00 (37 CFR 1.17(a)(1)-(5).
- ☒ Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES

☐ No additional claim fee is required.

	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Small Entity Rate	Small Entity Addit. Claim Fee	Large Entity Rate	Large Entity Addit. Claim Fee
Total	43	-	41	=2	x 25=	$	x 50=	$100.00
Independent	5	-	5	=0	x 100=	$	x 200=	$0.00
☐ First Presentation of Multiple Claim					+ 145=	$	+ 290=	$0

FEES

☒ Additional Claim Fee	$100.00
☐ Extension fee for one-month	$0.00
☐ Information Disclosure Statement	$0.00
☐ Surcharge for Missing Parts – Declaration	$0.00
☐ Terminal Disclaimer	$0.00
TOTAL FEES	$100.00

PAYMENT OF FEES

- ☐ A check in the amount of $ ____ is enclosed.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.
- ☒ The Director is authorized to charge Deposit Account Number 50-1965 in the amount of $100.00. **A duplicate copy of this transmittal is attached for this purpose.**

SIGNATURE OF ATTORNEY

Brian J. Lum, Reg. No. 54,282
MICHAEL BEST & FRIEDRICH, LLP
401 North Michigan Avenue
Suite 1900
Chicago, Illinois 60611
Telephone: (312) 222-0800
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Signature

Date: May 9, 2005

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CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is:

- ☒ being facsimile transmitted to the USPTO, facsimile number (703) 872-9306.
- ☐ deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Typed or printed name	Carolyn Hothersall	
Signature	Carolyn Hothersall	Date: 5/9/2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	John H. Crume
Application No.:	10/734,495
Filed:	December 12, 2003
For:	SEALING DEVICE FOR A SLACK ADJUSTER
TC/AU:	3683
Examiner:	Mariano Ong Sy
Confirmation No.:	1616

I, Carolyn Hothersall, hereby certify that this correspondence is being transmitted via facsimile to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile number (703) 872-9306 on 5/9/2005.

Carolyn Hothersall
Signature

5/9/2005
Date of Signature

RESPONSE TO OFFICE ACTION OF FEBRUARY 8, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This responds to the Office Action dated February 8, 2005, in the above-referenced application. In the event that the Applicant has overlooked any other charges or has made an overpayment in connection with this communication, please charge or credit Deposit Account No. 50-1965.

Amendments to the claims begin on page 2.

Remarks begin on page 8.

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